

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) ENDORSE LIBERTY INC		FEC IDENTIFICATION NUMBER ▼ C C00508002	
Check If <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Captain George's Seafood Restaurant		Date M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2012	
Mailing Address		Amount 71.92	
City	State	Zip Code	Transaction ID : WFT201211493-1
Purpose of Expenditure Travel	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Paul Ron		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

Full Name (Last, First, Middle Initial) of Payee Facebook		Date M M M / D D D / Y Y Y Y Y Y 02 / 13 / 2012	
Mailing Address		Amount 236.32	
City	State	Zip Code	Transaction ID : WFT201211493-2
Purpose of Expenditure Online Advertising	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____	
Name of Federal Candidate Supported or Opposed by Expenditure: Paul Ron		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....	308.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Niederhauser David Abraham

[Electronically Filed]

Signature _____ Date M M M / D D D / Y Y Y Y Y Y
02 / 14 / 2012

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 2 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
ENDORSE LIBERTY INC

FEC IDENTIFICATION NUMBER ▼

C C00508002

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Google

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

1185.31

Transaction ID : WFT201211493-3

Purpose of Expenditure
Online Advertising

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Paul Ron

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

StumbleUpon

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

12.50

Transaction ID : WFT201211493-4

Purpose of Expenditure
Online Advertising

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Paul Ron

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

1197.81

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Niederhauser David Abraham

[Electronically Filed]

Date

MM / DD / YYYY

Signature

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
ENDORSE LIBERTY INC

FEC IDENTIFICATION NUMBER ▼

C C00508002

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Wells Fargo

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

125.14

Transaction ID : WFT201211493-5

Purpose of Expenditure
Fees

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Paul Ron

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

PayPal

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

61.57

Transaction ID : WFT201211493-6

Purpose of Expenditure
Fees

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Paul Ron

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General
2012 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

186.71

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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Niederhauser David Abraham

[Electronically Filed]

Date

MM / DD / YYYY

Signature

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PAGE 4 OF 4
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ENDORSE LIBERTY INC

FEC IDENTIFICATION NUMBER ▼

C C00508002

Check If ☒ 24-hour report ☐ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Stevens Robert

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

1310.00

Transaction ID : WFT201211493-7

Purpose of Expenditure
Web Programming

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☒ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Paul Ron

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City State Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶

1310.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures▶

(c) **TOTAL** Independent Expenditures.....▶

3002.76

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Niederhauser David Abraham

[Electronically Filed]

Date

MM / DD / YYYY

Signature